

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

For Commission Use Only:

Case: 03-0163

ORIGINAL

Regarding a complaint by (Person making the complaint):

Craig Wetter

Against (Utility name):

Com Ed Edison

As to (Reason for complaint)

Improper termination of service / Refusal to provide service
Improper billing / refusal to bill Residents

in Mendota Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

BOX 445 Mendota 61342

The service address that I am complaining about is

205 Sarden Ave Mendota Bldgs A-N

My home telephone is

[815] 538-3613

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

[815] 878-7368

(Full name of utility company)

Commonwealth Edison

to the provisions of the Illinois Public Utilities Act.

(respondent) is a public utility and is subject

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

~~Section 280.130~~

Title 83 CH I sec. 280.130

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

Attached

Please clearly state what you want the Commission to do in this case:

Attached

Date: 3/7/03
(Month, day, year)

Complainant's Signature *[Signature]*

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must witness the completion of this part of the form.

I, *Craig Wetten*, first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature) *[Signature]*

Subscribed and sworn/affirmed to before me on (month, day, year) 3/7/03

Barbara J. Biccoci
Notary Public, Illinois
OFFICIAL SEAL
BARBARA J. BICCOCHI
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 08-25-2004

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.